STATE OF CALIFORNIA Division of Labor Standards Enforcement

## APPLICATION FOR PERMISSION TO WORK IN THE ENTERTAINMENT INDUSTRY

<b></b>	THIS IS NOT A PERMIT					□ NEW □ RENEWAL		
PROCEDURES FOR O	BTAINING					•		
<ol> <li>Complete the inform</li> <li>School authorities reduced</li> <li>For minors 15 days reverse side for oth</li> <li>Mail or present the issuance of your well</li> </ol>	must complete through kind ther document completed ap	te the School Rec dergarten, please ts that may be acc	e attach a certifie ccepted.	ed copy of the min				
Name of Child		Professional	l Name, if applicable	e				
Permanent Address Number	rmanent Address Number Street		State	Zip Code	Zip Code		Phone No.	
School Attending			, , , , ,				Grade	
Date of Birth	Age	Height	Weight	Hair Color	Eye Color		Sex	
the rules governing such employment and will cooperate to the best of my ability in safeguarding his or her educational, interest. I hereby certify, under penalty of perjury, that the foregoing statements are true and correct.  Name of Parent or Guardian (print or type)  Signed							Day time phone #	
☐ I certify that the respect to age, se		ned minor mee			ement	s with		
☐ Does not meet th	he district's	requirements	and permit sl	nould not be iss	ued.			
Authorized School Off	icial	Da	ate					
School Address			Scl	hool Telephone		rechool S	eal or Stamp]	
		ЧЕДІ	LTH RECORI	<u> </u>		[3CI.0	201 OI D.M	
COMPLETE THIS S	SECTION IF I				ER ON			
Name of Doctor		Address				hone Number		
I certify that I am Board Certified in pediatrics and have carefully examined an						in my op	pinion:	
He/She is physically fit If less than one month,	t to be employ infant is at lea	red in the produc ast 15 days old, w	was carried to ful	ll term, and is phys	sion.	₃ble to p€	erform.	
Signature			M.I	<b>)</b> .			ıte	

Signature